

**APPLICATION FOR WATER TREATMENT PLANT OPERATOR CERTIFICATION****REGULAR, RECIPROCITY, TEMPORARY OR PROVISIONAL****(Please print clearly in ink or type information)****SECTION A: GENERAL INFORMATION****Note: Applications for exams are due  
3 months before the exam.**

Last Name

First Name

Middle Initial

Business Address

☐ New address?

City and State

Zip Code

Social Security No.

Business Phone No.

Fax No.

Email (optional)

PWS I.D.

Water System

**SECTION B: TYPE OF APPLICATION** (choose one, and indicate grade)
☐ Regular Certification - \$20 (w/exam \$50) ☐ Temporary Certification - \$40 (w/exam \$70)  
 Grade ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ exam Grade ☐ 2 ☐ 3 ☐ exam

☐ Reciprocity Certification - \$50 (Attach ☐ Provisional Certification - \$40 (w/exam \$70)  
 Grade ☐ 1 ☐ 2 ☐ 3 ☐ 4 current certificate Grade ☐ 1 ☐ 2 ☐ exam
☐ Operator-in-Training - \$40**SECTION C: WORK EXPERIENCE**

Summary of water treatment plant (WTP) operating experience (most recent first).

Water Purveyor	Job Title	From (month year)	To (month year)	Duration (yrs. mos.)
1.				
2.				
3.				
4.				
TOTAL DURATION				

You may duplicate the WTP operator work experience record form on page 3 as needed. Complete the form for your present position. For previous applicable work experience, complete a separate experience record for each position or job held. **Resumes or job descriptions will be considered optional information and can not substitute for the work experience record form.** Additional information may be placed on separate sheets, numbered, and attached to the application.

**SECTION D: EDUCATION**
 1. Name and location of high school attended: \_\_\_\_\_  
 \_\_\_\_\_ Highest grade completed: \_\_\_\_\_

Complete and mail to:

Board of Certification of Public Water System Operators  
Department of Health, EMD  
Safe Drinking Water Branch  
919 Ala Moana Blvd., Room 308  
Honolulu, HI 96814-4920

DO NOT WRITE IN THIS SPACE

Date Received: \_\_\_\_\_  
Amount Received: \_\_\_\_\_  
Date Accepted: \_\_\_\_\_  
Date Denied: \_\_\_\_\_  
Date Exam or Reciprocity Certificate  
Fee Received: \_\_\_\_\_  
Amount Received: \_\_\_\_\_

SECTION D: EDUCATION (cont.)

2. College or University, Graduate School, In-service training

Name & Address	Course or Major Field of Study	# of Hours or Credits		Kind of Degree, Diploma, or Certifi- cate Received
		Sem	Qtr	

Attach official copy of university or college transcripts for each institution attended, if not previously submitted.

SECTION E: SIGNATURE

I certify that all the information contained in this application is true and correct to the best of my knowledge and belief. I understand that knowingly making false statements may result in revocation of any certificate granted to me under the provisions of Hawaii Administrative Rules, section 11-25-9(a).

I also consent to allow the Board to investigate and verify my employment record and other statements for the purpose of determining my qualifications for certification examination.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

As a final check:

- ☐ Have you enclosed the application (and exam) fee? (Cashier's Check or Money Order only, payable to the STATE OF HAWAII).
- ☐ Have you completed all personal history items, and completed the work experience form for each position held in distribution system operation? **Has your supervisor signed the form?**
- ☐ Do you meet the minimum work experience requirements for the grade for which you've applied?

General information:

1. Submit the application fee and exam fee, if applicable. Attach a Cashier's Check or Money Order payable to the STATE OF HAWAII. The application fees are as follows: regular certification (\$20); regular certification with exam (\$20 + \$30); reciprocity (\$50); temporary or conditional (\$40), w/exam (\$40 + \$30). DO NOT SEND CASH THROUGH THE MAIL.
2. You must complete the application in full. The Board will only act upon applications which are complete and are accompanied by the application fee and exam fee (if applicable).
3. **You are responsible for reporting your mailing address and telephone number changes to the Board.**

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Page 3

WATER TREATMENT PLANT OPERATOR  
WORK EXPERIENCE RECORD (current or previous position)

a. Your Name: \_\_\_\_\_ Your Title: \_\_\_\_\_

WTP Work Experience at this position: From: \_\_\_\_\_ To: \_\_\_\_\_ Duration: \_\_\_\_\_  
Month Year Month Year Years Months

Water Purveyor: \_\_\_\_\_

Water Purveyor's Address: \_\_\_\_\_

\_\_\_\_\_ Phone No.: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

Supervisor's Signature: *I certify that the applicant's work experience statement for this position is correct.* \_\_\_\_\_ (name) \_\_\_\_\_ (date)

b. WTP Operator Experience and Duties (you must summarize your experience in this space, attach additional sheets as necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Avg. hours/day spent performing these duties: \_\_\_\_\_ No. of employees you supervise: \_\_\_\_\_

c. Size of Water System Served by the WTP: Population Served: \_\_\_\_\_  
No. of Water Services \_\_\_\_\_ Average Daily Water Usage \_\_\_\_\_ MGD

d. Water System Complexity - Provide a brief description of the water system. Describe source, transmission system, and water treatment processes.

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_